

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-019,316 FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/						51			
2	/						52			
3							53			
4		12					54			
5		11					55			
6							56			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	1						TOTAL IND.			
TOTAL DEP.	6						TOTAL DEP.			
TOTAL CLAIMS	7						TOTAL CLAIMS			